

2012

Employee Benefits Information

& *OPEN ENROLLMENT GUIDE*



Dear Placer County Employees,

We are pleased to provide you with the 2012 Employee Benefits Information and Open Enrollment Guide for Eligible Employees. The choices we make concerning our benefits are among the most important we select for ourselves and our families. As part of your total compensation package, Placer County offers you a comprehensive benefits package that includes various options to meet your health care needs.

During our Annual Benefits Open Enrollment Period; Monday, October 10, 2011 through Friday, November 4, 2011 you have the opportunity to review and, if necessary, change your health benefits to meet your current needs. During this period, you may elect, change, or waive coverage in a health care plan, dental plan, and/or vision care plan. You also have the opportunity to change your supplemental life insurance and Accidental Death & Dismemberment (AD&D) coverage. In addition, you may enroll or re-enroll in a Dependent Care Account. For more information on individual plan eligibility, please see the enrollment criteria in this guide for each plan offered.

Please Note: There is no automatic enrollment each year for your FBMC Flexible Spending Account. You must actively make an election to enroll every year.

Simplifying The Changes

We have highlighted the changes to the various health plans in the section titled "What's New for 2012?" Employees may review current benefit elections, covered dependents, and beneficiaries; preview benefit costs; and make 2012 benefit elections online in ACORN eBenefits. Please review page 4 of this guide for instructions on accessing and enrolling in ACORN eBenefits. If you do not have access to a computer at work, you may use any County workstation that has County-wide access, or you can use the computer kiosk in the Personnel Department at 145 Fulweiler Ave, Suite 200, Auburn between 8:00 a.m. and 5:00 p.m. Monday through Friday.

CalPERS Health Plan Chooser

A great resource for choosing or comparing health plans is the CalPERS Health Plan Chooser at www.CalPERS.ca.gov. This website allows you to view the majority of the CalPERS health plan information in one place, compare plans side-by-side and rank each plan based upon your personal preference

Verifying Dependent Eligibility

You must provide dependent documentation for each dependent that you are adding to your medical, dental, or vision care coverage during Open Enrollment. The required documentation (CalPERS requires a birth certificate AND social security number, and marriage certificate or domestic partner registration, if applicable.) must be provided to Personnel no later than November 4, 2011. If we are unable to verify your dependent's eligibility, your dependent will not be covered as of January 1, 2012. Please note that if your dependent has been verified previously, no further action is required.

Family Status Changes

If you have a qualifying Family Status Change during the 2012 plan year, you must submit the required documentation within thirty (30) days of the qualifying event. Please see page 9 for more information on qualifying events.

Attending the Benefits Fair

If you have questions that you would like to discuss directly with Benefits Staff or one of our benefits providers, we invite you to attend our Benefits Fair on Wednesday, October 19 from 11:00 a.m. to 2:00 p.m. at the Auburn Justice Center Community Room. At the Benefits Fair you will have the opportunity to talk with representatives from the Benefits Team and our health care providers, including Blue Shield, Blue Cross, Kaiser, VSP, and also Hartford and CalPERS deferred compensation carriers will be on hand. Benefits Staff will also be available from 10:00 a.m. to 2:00 p.m. on Tuesday, October 25 in Tahoe City at the Administrative Offices at 565 West Lake Boulevard, and Wednesday, October 26 from 10:00 a.m. to 2:00 p.m. at the Rocklin Administration Center.

If you have any questions, please do not hesitate to contact the Benefits Hotline during Open Enrollment at 530.889.4089.

Thank you,
Placer County Benefits Team

Table of Contents

What's new for 2012?	2
Open Enrollment Period.....	3
ACORN eBenefits	4
Frequently Asked Questions	5-6
Benefit Eligibility Enrollment Criteria.....	7-8
Health Plan Changes Outside of Open Enrollment	9
In Lieu of Health (ILH) Plan	10
2012 CalPERS Rates	11
Dental Insurance	12
Vision Insurance	13
Accidental Death & Dismemberment (AD&D)	14
Supplemental Term Life Insurance	15
Long Term Disability (LTD) Insurance	16
Dependent Care Flexible Spending Account (FSA)	17-18
Deferred Compensation.....	19
Retirement Insurance Summary	20
Concern:EAP	21-22
Troubleshooting	23
Payroll Calendar	24
Health Insurance Portability & Accountability Act (HIPAA)	25
COBRA	26-28
Current Provider Information	29
Notes	30

What's New For 2012?

The following are general health plan changes for 2012. For additional changes specific to your plan, refer to the Evidence of Coverage (EOC) booklet on your plan's website, or CalPERS online at www.CalPERS.ca.gov.

General Pharmacy Benefits

- Retail copays for brand-name drugs will increase by \$5 There is no change to the generic drug copay
- Members can receive a 90-day supply of maintenance medication through mail order for the price of a 60-day retail supply
- The member will pay the difference between the cost of a brand medication and a generic equivalent, plus the generic copay when a FDA-approved generic equivalent is available

For PERS Choice, PERSCare, and PERS Select basic plans

- Prescription coverage will be handled through Caremark effective January 1, 2012
- When members receive services at an outpatient hospital rather than an ambulatory surgery center, they will be responsible for any charges over the following amounts:
 - Colonoscopy - \$1,500 limit
 - Cataract Surgery - \$2,000 limit
 - Arthroscopy - \$6,000 limit

You should contact your provider before the procedure to know the exact costs.

For Blue Shield Net Value and Access + plans

- For knee and hip joint replacement, members will be required to utilize one of their 16 'Blue Distinction Centers' throughout the state in order to receive full hospital coverage
- Travel benefits are available for both members and a companion who live more than 50 miles from a preferred center, providing a per diem for transportation, accommodations, and other reasonable expenses
- For more details, visit blueshieldca.com/CalPERS or call Member Services at 800.334.5847

Open Enrollment Period

Open Enrollment begins at 8:00 a.m. on Monday, October 10 and ends at 5:00 p.m. Friday, November 4, 2011.

During this period, eligible employees may:

- Enroll in a medical, dental or vision plan, if you are eligible and you currently do not have medical, dental or vision benefits
- Change your medical plan
- Add or drop dependents for medical, dental or vision coverage
- Enroll in the 2012 Dependent Care Spending Account

Additionally, it is a good time to:

- Review or amend your life insurance beneficiaries
- Decrease or cancel supplemental life insurance, if eligible and subject to underwriting approval
- Review your deferred compensation plan contributions, investment options and beneficiaries

When enrolling in plans, remember:

- All benefit changes made during Open Enrollment will be effective January 1, 2012
- If you do not make any changes during the Open Enrollment period **(with the exception of FBMC Flexible Spending Accounts, which require enrollment every plan year)** your current plan elections will remain in effect for calendar year 2012. This is called an “Evergreen Election”
- The Dependent Care Spending Account requires re-enrollment every plan year
- Employees who add their spouse or Registered Domestic Partner and/or dependent child(ren) on their medical, dental or vision plan must submit a birth certificate and social security number for each dependent added and a marriage certificate or domestic partner registration verifying dependent eligibility

ACORN eBenefits

Making changes to your benefits online

You can log on to ACORN eBenefits as often as you wish from Monday, October 10, through Friday, November 4, to review and/or make changes to your 2012 Open Enrollment elections.

If you do not have access to a County computer, you can use any County workstation that has County-wide access. Please see your department personnel representative for assistance.

You can also use the computer kiosk in the Personnel Department:

145 Fulweiler Ave, Suite 200, Auburn
between 8:00 a.m. and 5:00 p.m.
Monday through Friday

To log on to eBenefits, use your ACORN login and password. If you have questions about or need assistance with your ACORN login or password, please email the ACORN help desk at ACORNhelp@placer.ca.gov for a login/password reset.

The steps for logging on to eBenefits are easy

- Log onto ACORN
- Enter your ACORN login name (usually your first initial and last name) and password and click the 'Sign In' button
- Select 'Self Service' and then select 'Benefits', then 'Benefits Enrollment'

When you click on 'Select' to the right of the Open Enrollment Event Description, you will be able to view your current elections for 2011

- Click on the 'Edit' button next to the insurance benefit you will be reviewing and/or changing

Please review each of your benefit options carefully. If you are adding a dependent to your coverage, you must provide the required documentation to the Personnel Department no later than November 4, 2011. If we are unable to verify your dependent's eligibility, your dependent will not be covered as of January 1, 2012. Please note that if your dependent has been verified previously, no further action is required.

Before finalizing your changes, review your selections carefully to ensure that everything is correct and accurate - including the plans, your dependents covered, and/or your life insurance beneficiaries.

When you are ready to finalize your changes, click the 'Submit' button. This will bring you to the 'Submit Confirmation' page. Here you will be directed to click on a second Submit button to authorize your elections.

Your changes will not be finalized until you have clicked the final 'Submit' button.

If you need assistance with eBenefits, leave a message on the Benefits Team Hotline at 530.889.4089 and a Benefits Team member will return your call. For more detailed instructions, you can review and print 'Self Service Job Aids' from theiPlacer webpage.

Frequently Asked Questions

General

Q: When will the changes I made to my benefits take effect?

A: As long as all requirements are satisfied, your coverage changes will take effect on January, 1, 2012.

Q: How do I make changes to my benefits?

A: Through ACORN eBenefits.

Q: When will premiums for 2012 changes come out of my paycheck?

A: Premiums for health insurance benefits changes will begin Pay Period #12, on pay date December 2, 2011. Premiums for other benefit changes will begin pay period #16 on pay date January 27, 2012. Premiums for Supplemental Life Insurance are effective upon acceptance and approval by the insurance carrier.

Q: Can I keep my ex-spouse on my benefits?

A: No. CalPERS considers ex-spouses to be 'ineligible dependents' and it is against both CalPERS and Placer County policy for an employee's ex-spouse to remain covered on their insurance. Failing to remove your ex-spouse may subject you to reimburse all costs associated with the medical care services for your ex-spouse and ineligible dependents.

Q: Where can I get the forms I need to make new elections or plan changes?

A: All necessary forms are available on the iPlacer page. For a break-down of what forms to submit, refer to page 8 of this guide.

Q: Do I have to complete a new Declaration of Health Form if I do not make any changes?

A: No you do not. If you don't make any changes to your benefits, you don't need to submit any forms. You will continue to be enrolled with the same benefits you had for 2011 (an 'evergreen election'). However it is recommended you review your current plan, coverage levels, dependents and beneficiaries in ACORN eBenefits during the Open Enrollment period.

Q: I reviewed and made changes in ACORN, but how do I know if they updated?

A: Solution: Your changes will not appear in ACORN until AFTER Open Enrollment closes on November 4.

Please note that while the changes are recorded in ACORN, you still must submit any required documents to the Personnel Department.

Frequently Asked Questions

Health Plans

Q: What is the difference between a HMO and a PPO?

A: Traditional HMO plans (Blue Shield Access + and Net Value, Kaiser Permanente) generally pay 100% of the cost of care after a co-payment, but require you to use in-network providers (i.e., a physician or hospital), and have your care coordinated through your Primary Care Physician. Except in the case of emergencies, coverage is not provided for non-network providers or for services not authorized by the plan.

Traditional PPO plans (PERS-Select, PERSCare, PERS-Choice, PORAC) generally pay a percentage of the cost of care after a co-pay and deductible; the remaining amount is paid by the participant. The services of in-network providers are paid at a higher percentage than the service of out-of-network providers. Generally PPO plans offer more flexibility on provider choice and services. Because of the higher cost of using providers out of network, the premium cost is higher as well.

Do you have an Open Enrollment or health benefits question not mentioned above? Leave a message on the Benefits Team Hotline during Open Enrollment at 530.889.4089 and a Benefits Team member will return your call.

Benefit Eligibility Enrollment Criteria

Eligible Dependents

The terms 'family members' and 'dependents' are used interchangeably. The following dependents of an enrolled employee are eligible for health insurance:

- Legal spouse
- Qualified Registered Domestic Partner (requires the completing and submitting of registration forms)
- Children up to the age 26 for all CalPERS health plans (23 for all other plans)
- Disabled children beyond age 26 who are unmarried, incapable of sustaining employment due to a physical or mental handicap that existed prior to child's attainment of age 19. The disabled adult dependent must meet the disabled dependent requirements as defined by the health insurance carrier

The definition of a dependent child includes natural child, step-child, adopted child, and children of a registered domestic partner.

Ineligible Dependents

Ineligible dependents include:

- Former spouse/registered domestic partner, even if you have a court order requiring you to provide health insurance coverage
- Children age 26 or older
- Disabled children over age 26 who were never enrolled or who were deleted from coverage
- Foster children
- Children of a former spouse/registered domestic partner, including former stepchildren, even if you are required to provide health insurance coverage as dictated under a court order
- Extended family members, including mother, father, siblings, grandparents, in-laws, etc. under any circumstances

You must submit a copy of your final divorce decree or Notice of Termination of Domestic Partnership Form to the Personnel Department within 14 days of the event if you're an active employee or CalPERS if you are a retiree. Former spouses and registered domestic partners may be eligible for COBRA or an Individual Conversion Policy.

Dependent Eligibility Verification Process

You must provide dependent verification documentation for each dependent that you are adding to your benefits coverage. The required documentation must be provided no later than November 4, 2011. If we are unable to verify your dependent's eligibility, your dependent will not be covered as of January 1, 2012. Please note that if your dependent has been verified previously, no further action is required.

The following chart is an easy guide to which forms and documents must be submitted. The chart does not include all possibilities and should be used in conjunction with the CalPERS Health Enrollment Form.

For further clarification, leave a message on the Benefits Team Hotline during Open Enrollment at 530.889.4089 and a Benefits Team member will return your call.

NOTE: It is against CalPERS and Placer County policy for an employee to enroll ineligible persons as dependents; to do so may subject the employee to reimbursement costs for all costs associated with the delivery of medical care services to the ineligible person.

Benefit Eligibility Enrollment Criteria

Forms can be found on the iPlacer page. All forms and documents must be submitted to Personnel by the end of Open Enrollment at 5:00 p.m. on Friday, November 4, 2011.

TYPE OF CHANGE	INFORMATION/FORMS REQUIRED
ANY CHANGES TO HEALTH PLAN	Declaration of Health Coverage
ADD SPOUSE/ DOMESTIC PARTNER (DP)	Full Name/ SSN/ DOB/ Domestic Partner Registration Or Marriage Certificate <i>If HMO – physician selection form</i>
IN LIEU OF HEALTH COVERAGE (ILH)	Verification of Other Health Coverage, Enrollment Form for 401(K) and Declaration of Health Coverage Form
ADD CHILD/ STEP-CHILD/ DEPENDENT CHILDREN	Full Name/ Social Security Number and Copy of Birth Certificate Must Be Provided/ DOB
PARENT-CHILD RELATIONSHIP	Full Name/ Social Security Number and Copy of Birth Certificate Must be Provided/DOB/ Affidavit of Parent-Child Relationship
ENROLLMENT WITH HMO	Personal Physician Selection Form
DEPENDENT CARE	FBMC Enrollment Form
LIFE INSURANCE	Need Application/ Approval Subject to Underwriting
401(K) / 457	New Enrollment - Need CalPERS/ Hartford Enrollment Form

Health Plan Changes Outside of Open Enrollment

If the Personnel Benefits Team is not notified within 30 days of your Qualified Life Status Change Event, you may be responsible for any services rendered for ineligible dependents.

You may make specific changes to your health plan based on the Qualified Life Status Change Event, such as:

- A change in your legal marital status, including marriage, divorce, death of your spouse, registered domestic partner, or legal separation
- A change in the number of your dependents through birth, adoption, placement for adoption, or death
- Termination or commencement of employment by you, your spouse, registered domestic partner, or dependent
- A significant change in your work schedule, such as a reduction or increase in hours by you, your spouse, registered domestic partner, or eligible dependent
- A change in your residence or work site that causes you to lose access to providers in your HMO plan's network
- An unpaid leave of absence by either you or your spouse or registered domestic partner
- A change in your dependent care provider that increases the cost of dependent care

Family Status Change Forms MUST be received by the Personnel Benefits Team within 30 days of the qualifying event date. Changes in CalPERS health coverage become effective the first of the month following the date the Personnel Benefits Team receives the completed forms; all other benefit changes are effective 30 days following the date the Personnel Benefits team receives the completed forms.

Federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA) allows employees who lose their other health insurance coverage to enroll in a CalPERS Health Plan. Employees and their dependents may be eligible to enroll outside the Open Enrollment period but coverage may not be effective until the first of the month following a 90 day waiting period depending upon the individual circumstances.

In Lieu of Health (ILH) Plan

If you have other health insurance coverage, you may waive the Placer County health insurance and take advantage of an employer contribution to your 401(k) savings plan In Lieu of Health insurance (ILH).

401(k) contribution In Lieu of Health: \$130 per pay period

To participate in the 401(k) In Lieu of Health program, you will need to:

- Enroll through ACORN eBenefits by selecting '401(k) Flex Credit Part 1, AND 401(k) ILH Part 2 savings plans. If you do not currently have a 401(k), complete and submit a 401(k) enrollment form and a beneficiary designation form
- Provide proof of other health insurance coverage (a copy of your insurance card including your name is sufficient)
- If you are not currently enrolled in a Hartford or CalPERS 401(k), enroll in ACORN and complete and submit a Deferred Compensation Enrollment Form
- Complete the Medical CalPERS Eligibility Form (Declaration of Health Coverage)

Premium Conversion

Placer County Benefit Plans operate under IRS Code Section 125 option, which allows employees to enroll and pay their share of costs with pre-tax dollars, known as "Premium Conversion." The health, dental, vision, and Accidental Death and Dismemberment (AD&D) premium are included in the Premium Conversion option. Under IRS rules, enrollment and changes to your benefit plans must be made during Open Enrollment unless there is a Family Status Change as outlined on page 9.

Please Note: your total 401(k) contribution, including the ILH amount cannot exceed the annual IRS limits of the current year. For more information, refer to the Deferred Compensation section on page 19.

2012 CalPERS Health Insurance Rates

ALL EMPLOYEES Unless Noted Below*

Effective Pay Period 12	Pay Date December 2, 2011		PER PP	PER PP	CALPERS
HEALTH PLANS AUBURN & TAHOE RATES Part-Time Rates Available on iPlacer		PLAN CODE	EMPLOYEE SHARE	COUNTY SHARE	TOTAL BIWEEKLY COST
HEALTH MAINTENANCE ORGANIZATIONS - HMO:					
BLUE SHIELD NET VALUE employee only	BS 1231	\$55.51	\$222.03	\$277.54	
BLUE SHIELD NET VALUE employee + 1 dependent	BS 1232	\$111.02	\$444.06	\$555.08	
BLUE SHIELD NET VALUE employee + 2 dependents or more	BS 1233	\$144.33	\$577.28	\$721.61	
BLUE SHIELD ACCESS + employee only	BS 1011	\$63.93	\$255.68	\$319.61	
BLUE SHIELD ACCESS + employee + 1 dependent	BS 1012	\$127.85	\$511.37	\$639.22	
BLUE SHIELD ACCESS + employee + 2 dependents or more	BS 1013	\$166.20	\$664.78	\$830.98	
KAISER employee only	KN 1031	\$56.47	\$225.89	\$282.36	
KAISER employee + 1 dependent	KN 1032	\$112.95	\$451.77	\$564.72	
KAISER employee + 2 dependents or more	KN 1033	\$146.83	\$587.30	\$734.13	
PREFERRED PROVIDER ORGANIZATIONS - PPO:					
PERS-CHOICE employee only	PCh 1051	\$53.60	\$214.41	\$268.01	
PERS-CHOICE employee + 1 dependent	PCh 1052	\$107.21	\$428.82	\$536.03	
PERS-CHOICE employee + 2 dependents or more	PCh 1053	\$139.37	\$557.46	\$696.83	
PPEO employees only					
PERSCARE employee only	PC 1211	\$96.09	\$384.36	\$480.45	
PERSCARE employee + 1 dependent	PC 1212	\$192.18	\$768.71	\$960.89	
PERSCARE employee + 2 dependents or more	PC 1213	\$249.83	\$999.32	\$1,249.15	
PERS-SELECT employee only	PS 1251	\$45.50	\$182.01	\$227.51	
PERS-SELECT employee + 1 dependent	PS 1252	\$91.00	\$364.02	\$455.02	
PERS-SELECT employee + 2 dependents or more	PS 1253	\$118.31	\$473.22	\$591.53	
DSA employees only - capped employer contribution					
PERSCARE employee only	PC 1211	\$251.60	\$228.85	\$480.45	
PERSCARE employee + 1 dependent	PC 1212	\$503.20	\$457.69	\$960.89	
PERSCARE employee + 2 dependents or more	PC 1213	\$654.15	\$595.00	\$1,249.15	
PORAC employee only *	PORAC 2071	\$55.80	\$223.20	\$279.00	
PORAC Employee + 1 dependent *	PORAC 2072	\$104.48	\$417.90	\$522.38	
PORAC Employee + 2 dependents or more *	PORAC 2073	\$132.78	\$531.10	\$663.88	
*DSA, Safety Management only - if members of PORAC					
IN LIEU OF HEALTH				\$130.00	

Dental Insurance

Delta Dental is our plan administrator. Placer County provides dental coverage for the employee at no cost. Dependents can be added at the employee's expense. Visit the Delta Dental website at www.deltadentalins.com for additional provider and benefit eligibility information.

Please Note: Major treatments (crowns, bridges, dentures, etc) are excluded the first year of coverage.

Added dependents must be treatment-free ninety (90) days prior to coverage and will only be covered for routine procedures during the first year.

Placer County's Delta Dental coverage contains a 'non-duplication of coverage' clause, which means that as secondary insurance, Delta Dental will not pay any balance over the County's plan allowance.

PPEO/DSA - PER PAY PERIOD

PPEO/DSA - annual individual coverage: \$1,500

PPEO - lifetime orthodontia coverage: \$1,500

DSA - lifetime orthodontia coverage: \$2,000

DENTAL COVERAGE 24 PAY PERIODS	EMPLOYEE SHARE	COUNTY SHARE	TOTAL PREMIUM
EMPLOYEE ONLY	\$0.00	\$23.00	\$23.00
EMPLOYEE + DEPENDENTS	\$30.00	\$23.00	\$53.00

MANAGEMENT & CONFIDENTIAL - PER PAY PERIOD

Management And Confidential -
annual individual coverage: \$2,000

Management And Confidential -
lifetime orthodontia coverage: \$2,000

DENTAL COVERAGE 24 PAY PERIODS	EMPLOYEE SHARE	COUNTY SHARE	TOTAL PREMIUM
EMPLOYEE ONLY	\$0.00	\$23.00	\$23.00
EMPLOYEE + I DEPENDENT	\$15.93	\$23.00	\$38.93
EMPLOYEE + FAMILY	\$30.00	\$23.00	\$53.00

Vision Insurance

Vision Service Plan (VSP) is our plan administrator. Placer County provides vision coverage for employees at no cost. Dependents can be added at the employee's expense. Visit the VSP website at www.vsp.com for additional provider information and benefit eligibility.

VSP dependent coverage has a one year lock in/lock out period. This means that added dependents must remain on the plan for one year, and dropped dependents must remain off the plan for one year.

Please Note: If enrolling any of your eligible dependents in vision insurance, you must enroll all of your eligible dependents.

VISION - COVERAGE PER PAY PERIOD

24 PAY PERIODS	EMPLOYEE SHARE	COUNTY SHARE	TOTAL PREMIUM
EMPLOYEE ONLY	\$0.00	\$4.60	\$4.60
EMPLOYEE + 1 DEPENDENT	\$7.10	\$4.60	\$11.70
EMPLOYEE + FAMILY	\$12.68	\$4.60	\$17.28

Accidental Death & Dismemberment (AD&D)

Placer County provides employees with \$10,000 Accidental Death & Dismemberment (AD&D) insurance coverage at no cost.

Additional AD&D insurance coverage is available for the employee, up to \$500,000, but cannot exceed 10 times your annual salary.

AD&D insurance is also available for your spouse or registered domestic partner, up to age 70, in amounts ranging from \$10,000 to \$300,000 (but cannot exceed your coverage amount) and for unmarried dependent children up to age 23 in amounts ranging from \$5,000 to \$25,000. One premium covers all children.

Please Note: AD&D insurance premiums are also pre-taxed.

AD&D RATES - PER PAY PERIOD

AD&D BENEFIT LEVEL	COST FOR EMPLOYEE	COST FOR SPOUSE	COST FOR CHILDREN
\$500,000.00	\$7.50	N/A	N/A
\$450,000.00	\$6.75	N/A	N/A
\$400,000.00	\$6.00	N/A	N/A
\$350,000.00	\$5.26	N/A	N/A
\$300,000.00	\$4.50	\$6.00	N/A
\$250,000.00	\$3.75	\$5.01	N/A
\$200,000.00	\$3.00	\$4.00	N/A
\$150,000.00	\$2.26	\$3.00	N/A
\$100,000.00	\$1.50	\$1.99	N/A
\$75,000.00	\$1.13	\$1.50	N/A
\$50,000.00	\$0.75	\$1.00	N/A
\$25,000.00	\$0.38	\$0.50	\$0.50
\$10,000.00	\$0.00	\$0.22	\$0.22
\$5,000.00	N/A	N/A	\$0.11

Supplemental Term Life Insurance

Placer County provides PPEO and DSA employees with a \$10,000 life insurance policy and a \$50,000 policy for Management/Confidential employees at no cost.

You can apply for additional life insurance coverage at any time, including Open Enrollment. Additional life insurance coverage is available for the employee, up to \$100,000. Life Insurance is also available for your spouse or registered domestic partner in amounts ranging from \$12,500 to \$50,000 (but cannot exceed ½ your coverage amount) and for unmarried dependent children up to age 23 in amounts ranging from \$5,000 to \$10,000.

Electing or increasing supplemental life insurance cannot be processed through ACORN eBenefits, and requires an application, proof of medical insurability and approval by the life insurance company. You can decrease or cancel supplemental life insurance through ACORN eBenefits.

Please Note: Premiums for supplemental life insurance are effective after approval by the life insurance carrier, and are not pre-taxed.

SCHEDULE FOR EMPLOYEE OR SPOUSE - MONTHLY PREMIUM

	EMPLOYEE ONLY		SPOUSE	SPOUSE - EMPLOYEE	
COVERAGE AMOUNT	\$75,000	\$100,000	\$12,500	\$25,000	\$50,000
AGE 0-34	\$9.00	\$12.00	\$1.50	\$3.00	\$6.00
35-39	\$12.00	\$16.00	\$2.00	\$4.00	\$8.00
40-44	\$19.50	\$26.00	\$3.25	\$6.50	\$13.00
45-49	\$33.00	\$44.00	\$5.50	\$11.00	\$22.00
50-54	\$58.50	\$78.00	\$9.75	\$19.50	\$39.00
55-59	\$100.50	\$134.00	\$16.75	\$33.50	\$67.00
60-64	\$106.50	\$142.00	\$17.75	\$35.50	\$71.00
65-69	\$172.50	\$230.00	\$28.75	\$57.50	\$115.00
OVER 70	\$307.50	\$410.00	\$51.20	\$102.50	\$205.00

SCHEDULE FOR DEPENDENT CHILDREN - MONTHLY PREMIUM (RATE COVERS ALL CHILDREN)

COVERAGE AMOUNT	\$5,000	\$7,500	\$10,000
AGE 15 DAYS TO 23 YEARS	\$1.00	\$1.50	\$2.00

Long Term Disability (LTD) Insurance

This plan overview is for informational use only; the voluntary employee-paid Long Term Disability Insurance policy will not be available for new enrollments in the 2012 Open Enrollment period.

Policy Overview

The Long Term Disability policy is offered through Lincoln Financial Group, and provides a monthly income of 60% of your monthly earnings up to \$6,500 per month after you have been unable to work for one year due to illness or injury. The policy may continue to pay up to age 65 as long as you are disabled.

Placer County provides Long Term Disability Insurance at no cost to employees who have five years of active service (10,400 paid hours) and who work at least 20 hours per week. This policy takes effect automatically when you have reached 10,400 hours of active service.

Employees who have less than five years of active service (10,400 hours) and who work a minimum of 25 hours per week may purchase Long Term Disability Insurance until they reach the five year/10,400 hours of active service mark. Cost and future increases are based upon your earnings and age.

The voluntary employee-paid policy approval is subject to underwriting by Lincoln Financial. For policy limits and detailed information about this plan, please call Lincoln Financial Group at 800.423.2765 or visit their website at www.jpfc.com.

Please Note: DSA represented employees are not eligible for Long Term Disability coverage.

EMPLOYEE PAID LTD RATES - PER PAY PERIOD

CALCULATE YOUR ESTIMATED* LTD PREMIUMS	AGE	COST PER \$100 OF EARNINGS
(1) Your Semi-Monthly Earnings: _____	0-29	\$.16
(2) Divide by 100: _____	30-34	\$.22
(3) Multiply by your Age Rate: _____	35-39	\$.27
= Your Estimated Semi-Monthly Premium \$ _____	40-44	\$.39
	45-49	\$.54
	50-54	\$.74
	55-59	\$.90
	60-64	\$1.13
	65-69	\$.84
	70-74	\$.56
	75-99	\$.60

*Earnings & Premium are based on 24 pay periods

Policy approval subject to underwriting by Lincoln Financial.

Dependent Care Flexible Spending Account (FSA)

This is a plan to pay for child or elder day care expenses so you and/or your spouse can work. This plan does not cover any health-related expenses.

Note: Only the custodial parent of divorced or legally separated parents can be reimbursed using the Dependent Care FSA.

A **Dependent Care Flexible Spending Account (FSA)** allows you to set aside money, before taxes, from your paycheck to pay for eligible dependent care expenses. The great advantage is that you pay no federal or state taxes on your contributions. For example, if you put in \$1,000 and are in a 20% federal tax bracket, you save \$200 ($\$1,000 \times 20\% = \200).

Minimum Deposit: \$5 per pay period or \$130 a year

Maximum Deposit: \$192.31 per pay period or \$5,000 a year (\$2,500 if married and filing separately)

Fringe Benefit Management Company (FBMC) administers the Dependent Care FSA program. Employees save their eligible expense receipts and submit their expenses either online, by fax or mail to FBMC. You can track your reimbursements and balances on www.myfbmc.com. Direct Deposit of your reimbursement into your checking or savings account is also available.

A qualifying individual includes a **qualifying child** if they:

- Are 12 years old or younger
- Have a specified family-type relationship to you
- Live in your household for more than half the taxable year
- Are a US citizen, national or resident of the U.S., Mexico or Canada, and
- Have not provided more than one-half of their own support during the taxable year

A qualifying individual includes a **qualifying spouse** if they:

- Are physically and/or mentally incapable of self-care
- Live in your household for more than half the taxable year
- Spend at least eight hours per day in your home

Dependent Care Flexible Spending Account (FSA)

A qualifying individual includes a **qualifying relative** if they:

- Are physically and/or mentally incapable of self-care
- Live in your household for more than half the taxable year
- Spend at least eight hours per day in your home
- Are a US citizen, national or resident of the U.S., Mexico or Canada, and
- Receive more than one-half of their support from you during the taxable year and
- Are not someone else's qualifying child

Partial List of Eligible Expenses

- After school care
- Baby sitting fees (must have a taxpayer ID or the babysitter's Social Security number)
- Day camps (including Summer day camps)
- Nursery and preschool
- Daycare services
- Care for physically or mentally impaired spouse
- Elder-care expenses
- Household services for qualified dependent

Partial list of Ineligible Expenses

- Dancing lessons
- Books and supplies
- Field trips
- Child support payments or child care if you are a non-custodial parent

- Overnight camp
- Swimming lessons
- Meals for child
- Tuition for Kindergarten or higher
- Membership fees

To participate, you must enroll each year in the Dependent Care FSA and elect a new amount in ACORN.

Do not overestimate your annual contribution; you will only be reimbursed for actual expenses, and any unused funds are forfeited per IRS rules. Be sure to consider the possibility of declining expenses as your child gets older. You must determine your annual contribution during this Open Enrollment period, and this amount cannot be changed or adjusted unless you have a Qualifying Event.

You have until March 31, 2013 to submit your claims for expenses you had during the 2012 plan year; otherwise any money left in your account will be forfeited.

To enroll in the FBMC Dependent Care FSA, please elect an amount in ACORN, complete an FBMC enrollment form and return the enrollment form to Personnel before November 4, 2011.

Deferred Compensation

Placer County offers voluntary deferred compensation programs under IRS Code 457 and 401(k) through Hartford and CalPERS. These plans allow you to set aside additional money for retirement on a pre-tax basis. You can enroll in and make changes to these plans at any time. IRS limits are subject to change in 2012.

Please Note: If you are participating in the 401(k) In Lieu of Health contribution, you must factor in the County's \$130 per pay period contribution in your maximum yearly contribution amount.

2011 Plan Year 401(k) and 457 Minimum Contribution: \$10 per pay period (\$260 per year)

2011 Plan Year 401(k) and 457 Maximum Contribution: \$634.61 per pay period (\$16,500 per year)

If you are over age 50, you can contribute an additional “catch-up” amount of \$5,500 to your 401(k) and 457 plans, for a total contribution of \$22,000 per plan.

The Hartford and CalPERS 457 plans also have a three (3) year pre-retirement “catch-up” feature which allows you to ‘make up’ for years you did not contribute the maximum amount allowed.

The 457 three year pre-retirement catch-up cannot be used with the age 50+ pre-retirement catch-up.

401(k) and 457 Comparisons

401(k)

- ✓ Loan provision
- ✓ 10% tax penalty for ‘early withdrawal’ before age 59½ (in addition to ordinary income tax)

457

- ✓ No loan provision
- ✓ No age restrictions or penalty once separated

CalPERS

Ryan Devore
800.260.0659

www.CalPERS.ca.gov

Hartford

Jason Hughes
888.811.4839

www.HartfordLife.com

Retirement Insurance Summary

Health Insurance

If you were hired after January 1, 2005 you must have 10 years of CalPERS service credit with at least 5 years with Placer County to be eligible for a graduated benefit of 50% of the County's contribution and an additional 5% for each additional year of service credit up to 20 years. You must also retire within 120 days of leaving employment with Placer County.

If you were hired before January 1, 2005, you must have five (5) years of CalPERS service and retire within 120 days of leaving employment with Placer County to be eligible for health insurance benefits.

If you are enrolled in a health insurance plan at the time of your retirement, your CalPERS medical plan will automatically continue. If you retire after more than 30 days, but less than 120 days after separation from employment with Placer County, your medical coverage may not automatically continue, you will need to contact CalPERS at 1.888.225.7377 to enroll.

You may also enroll in and make changes to your CalPERS health plan within 60 days following your retirement date. The changes will be effective the first day of the following month after submission of your forms.

If you are not enrolled in health insurance at retirement, you can enroll within 60 days of retirement or at any Open Enrollment. If your retirement effective date is more than 120 days after separation from employment with Placer County, you are not eligible to be enrolled in health insurance at retirement, or at any future date.

Retirees have the same medical benefit plan choices as active employees, based upon the retiree's residence zip code. The CalPERS Health Benefit Services Division is your contact for information about your medical insurance benefits after retirement.

When you turn age 65 and are retired, you are eligible for Medicare coverage under Social Security. You will need to apply for your Medicare coverage through

Social Security. Failure to do so could affect your Social Security or Medicare benefits. Under CalPERS law you must enroll in a Supplement to Medicare or Managed Medicare plan.

Dental

To be eligible for dental insurance benefits, you must retire within 30 days of leaving employment with Placer County. If you were hired on or after October 15, 2010, you and your dependents are not eligible for dental coverage in retirement.

If you were hired before October 15, 2010 you may continue to cover your spouse or registered domestic partner and eligible dependents as a retiree. Upon your death, your spouse or registered domestic partner and eligible dependents may be eligible for dental coverage under the federal COBRA continuation coverage rules.

If you are enrolled in dental insurance benefits at the time of your retirement, the County will send you information giving you the option to elect to continue dental insurance coverage for yourself and any enrolled dependents.

If you and your dependents are not enrolled at retirement you can only enroll yourself or eligible dependents at the next Open Enrollment and you will have a one-year exclusion period where only routine procedures are covered. See Delta Dental's Evidence of Coverage for more details. Open Enrollment is generally held in September/October and changes go into effect in January of the following year.

Vision

If you are enrolled in vision insurance benefits at the time of your retirement, the County will send you information giving you the option to elect to continue vision insurance coverage for yourself and any already enrolled dependents under COBRA for up to 36 months.

If you and/or any eligible dependents are not enrolled in vision insurance benefits at retirement you are not eligible to enroll at retirement or during Open Enrollment.

Concern:EAP

Employee Assistance Program

Placer County has partnered with Concern:EAP, a national Employee Assistance Program (EAP) that provides free and anonymous information, referrals and short-term counseling for personal issues affecting work or personal life.

Concern:EAP services are available for permanent employees who work 20 hours per week or more, as well as their spouse, dependent children under age 23 or any age if incapable of self-sustaining employment due to mental or physical disability.

Short-Term Counseling

Concern:EAP offers free, confidential counseling and work/life resources to you and your family for most personal issues, including:

- Marital and family problems
- Job stress
- Parent/child conflicts
- Anxiety and depression
- Alcohol or drug problems
- Loss and death

Eldercare Resources

If you are caring for an elderly person and want to learn more, consider talking to one of CONCERN's professional eldercare specialists. They can help you:

- Clarify and prioritize problems
- Develop a problem solving plan
- Identify resources within your community
- Evaluate financial circumstances and review insurance options
- Find, arrange, and coordinate services
- Understand 'Advanced Directives' such as durable power of attorney for health care

Parenting and Childcare Resources

Concern:EAP can refer you to a wide variety of childcare resources, including:

- Before/after school care
- Infant centers and preschools
- In-home childcare
- 24 hour care
- Emergency drop-in care
- Care for sick children
- Adoption assistance
- College assistance
- Family day care centers

Concern:EAP

Financial Consultations

Concern:EAP provides a free 30-60 minute confidential financial consultation to you and your family. Some of the financial issues that Concern:EAP can help you with include:

- Buying a home
- Debt reduction strategies
- Cash management
- College planning
- Consumer credit services
- Foreclosures
- Income taxes
- Investment basics

Legal Consultations

Referrals are available for legal issues as well. You will be linked to a local attorney for a free 30-minute office or telephone consultation; any additional legal services are discounted 25% off regular hourly fees. The legal referral service can be used for all types of legal matters (excluding claims involving workplace issues):

- Adoption
- Bankruptcy
- Child custody
- Child support
- Contract disputes
- Consumer protection
- Credit problems
- Divorce

- Estate planning
- Foreclosures
- Immigration
- Income tax
- Landlord/tenant
- Personal injury
- Probate
- Real estate
- Repossessions
- Traffic accidents

All attorneys on CONCERN's referral list have practiced law for at least five years, are licensed in the state of California and are members in good standing of the California State Bar Association.

Concern:EAP eldercare consultation and referral services are free of charge to eligible employees and their family; however employees are responsible for fees associated with the actual services selected.

To get more information about Concern:EAP, schedule an appointment, or for immediate help, call Concern:EAP at 1.800.344.4222 or visit their website at www.concern-eap.com.

Troubleshooting

Help! Trouble-shooting in ACORN

Having problems with Open Enrollment in ACORN? Here's some common issues answered.

Problem: I don't know how to find ACORN.

Solution: Open Internet Explorer, delete the website address in the address window and type in 'acorn' (minus the quotes) and press enter. You can also get to ACORN from the main iPlacer page as well.

Problem: My shortcut to ACORN does not work anymore.

Solution: Delete the old ACORN shortcut link, then open ACORN (see above for opening ACORN) and add the ACORN sign-in page to your favorites. To add a new ACORN shortcut, contact your department's IT liaison.

Problem: I forgot my ACORN login or password.

Solution: Email the ACORN help desk at ACORNhelp@placer.ca.gov for a login/password reset.

Problem: I don't use ACORN very often, and don't know where to go once I'm logged in.

Solution: Once you're logged in to ACORN, select 'Self Service' from the Menu, then 'Benefits', then 'Benefits Enrollment.'

For more detailed instructions, you can review and print 'Self Service Job Aids' from the iPlacer webpage.

Problem: Acorn is showing dependents I have removed.

Solution: For history purposes, ACORN shows dependents who were previously covered under your insurance. However only the dependents that have a check box next to 'enroll' are currently covered under your plan.

Problem: I made changes in ACORN, but when I went back in and looked at my benefits, my changes aren't showing.

Solution: Your changes will not appear in ACORN until AFTER Open Enrollment closes on November 4th.

Payroll Calendar

#	PAY PERIOD	PAY DATE	HEALTH/LTD
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FISCAL YEAR 2011 - 2012

1	Jun 04 - Jun 17	July 1, 2011	August-11
2	Jun 18 - Jul 01	July 15, 2011	August-11
3	Jul 02 - Jul 15	July 29, 2011	Free pay period
4	Jul 16 - Jul 29	August 12, 2011	September-11
5	Jul 30 - Aug 12	August 26, 2011	September-11
6	Aug 13 - Aug 26	September 9, 2011	October-11
7	Aug 27 - Sep 09	September 23, 2011	October-11
8	Sep 10 - Sep 23	October 7, 2011	November-11
9	Sep 24 - Oct 07	October 21, 2011	November-11
10	Oct 08 - Oct 21	November 4, 2011	December-11
11	Oct 22 - Nov 04	November 18, 2011	December-11
12	Nov 05 - Nov 18	December 2, 2011	January-12
13	Nov 19 - Dec 02	December 16, 2011	January-12
14	Dec 03 - Dec 16	December 30, 2011	Free pay period

CALENDAR YEAR 2012

15	Dec 17 - Dec 30	January 13, 2012	February-12
16	Dec 31 - Jan 13	January 27, 2012	February-12
17	Jan 14 - Jan 27	February 10, 2012	March-12
18	Jan 28 - Feb 10	February 24, 2012	March-12
19	Feb 11 - Feb 24	March 9, 2012	April-12
20	Feb 25 - Mar 09	March 23, 2012	April-12
21	Mar 10 - Mar 23	April 6, 2012	May-12
22	Mar 24 - Apr 06	April 20, 2012	May-12
23	Apr 07 - Apr 20	May 4, 2012	June-12
24	Apr 21 - May 04	May 18, 2012	June-12
25	May 05 - May 18	June 1, 2012	July-12
26	May 19 - Jun 01	June 15, 2012	July-12
27	Jun 02 - Jun 15	June 29, 2012	Free pay period

FISCAL YEAR 2012 - 2013

1	Jun 16 - Jun 29	July 13, 2012	August-12
2	Jun 30 - Jul 13	July 27, 2012	August-12
3	Jul 14 - Jul 27	August 10, 2012	September-12
4	Jul 28 - Aug 10	August 24, 2012	September-12
5	Aug 11 - Aug 24	September 7, 2012	October-12
6	Aug 25 - Sep 07	September 21, 2012	October-12
7	Sep 08 - Sep 21	October 5, 2012	November-12
8	Sep 22 - Oct 05	October 19, 2012	November-12
9	Oct 06 - Oct 19	November 2, 2012	December-12
10	Oct 20 - Nov 02	November 16, 2012	December-12
11	Nov 03 - Nov 16	November 30, 2012	Free pay period
12	Nov 17 - Nov 30	December 14, 2012	January-13
13	Dec 01 - Dec 14	December 28, 2012	January-13

CALENDAR YEAR 2013

14	Dec 15 - Dec 28	January 11, 2013	February-13
15	Dec 29 - Jan 11	January 25, 2013	February-13
16	Jan 12 - Jan 25	February 8, 2013	March-13
17	Jan 26 - Feb 08	February 22, 2013	March-13
18	Feb 09 - Feb 22	March 8, 2013	April-13
19	Feb 23 - Mar 08	March 22, 2013	April-13
20	Mar 09 - Mar 22	April 5, 2013	May-13
21	Mar 23 - Apr 05	April 19, 2013	May-13
22	Apr 06 - Apr 19	May 3, 2013	June-13
23	Apr 20 - May 03	May 17, 2013	June-13
24	May 04 - May 17	May 31, 2013	Free pay period
25	May 18 - May 31	June 14, 2013	July-13
26	Jun 01 - Jun 14	June 28, 2013	July-13

Health Insurance Portability & Accountability Act (HIPAA)

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), imposes requirements on health plans concerning the use and disclosure of personal medical information, also known as Protected Health Information. All CalPERS health plans are committed to protecting the privacy of the health information maintained by both CalPERS and by outside vendors who perform services for the plan.

CalPERS health plans may use and share your Protected Health Information for the purposes of treatment, payment, and health care operations and for certain other legally permitted purposes. Under no circumstances will any of our health plans disclose your health information to Placer County for the purpose of employment-related actions or decisions.

For more information regarding your rights and CalPERS health plan's legal duties under HIPAA, refer to the Evidence of Coverage (EOC) booklet on your plan's website, or CalPERS online at www.CalPERS.ca.gov.

COBRA

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies
- Your spouse's hours of employment are reduced
- Your spouse's employment ends for any reason other than his or her gross misconduct
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies
- The parent-employee's hours of employment are reduced
- The parent-employee's employment ends for any reason other than his or her gross misconduct
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

COBRA

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: the Placer County Personnel Department, Benefits Division. You must also complete the necessary forms to cancel coverage for an enrollee who is no longer qualified as a dependent and provide the appropriate any supporting documentation (i.e. divorce decree).

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or

both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

COBRA

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Placer County Personnel Office
145 Fulweiler Avenue, Suite 200
Auburn California 95603
530.889.4060

Current Provider Information

NAME OF PROVIDER	COVERAGE PROVIDED	PHONE NUMBER	WEB ADDRESS/LINK	GROUP OR ID #
BLUE SHIELD NET VALUE	HMO Medical	800-334-5847	www.blueshieldca.com	PHO 01040
BLUE SHIELD ACCESS +	HMO Medical	888-568-3560	www.blueshieldca.com	PHPH0001 SS#
KAISER PERMANENTE	HMO Medical	800-759-0584	www.kaiserpermanente.org	00003-20 SS#
PERS SELECT	PPO Medical	877-737-7776	www.CalPERS.ca.gov	PER-0111-SEL SS#
PERS CARE	PPO Medical	877-737-7776	www.CalPERS.ca.gov Select 'For Members' Then 'Health Benefits Program'	KB050A SS#
PERS CHOICE	PPO Medical	877-737-7776	www.CalPERS.ca.gov Select 'For Members' Then 'Health Benefits Program'	CB050A SS#
PORAC	PPO Medical	800-288-6928	www.porac.org	336684 SS#
DELTA DENTAL	Dental	800-765-6003	www.deltadentalins.com	1985 SS#
VISION SERVICE PLAN (VSP)	Vision	800-877-7195	www.vsp.com	12168909 SS#
CALPERS 401(K) & 457 RYAN DEVORE	Deferred Compensation	916-795-2294 800-260-0659	www.CalPERS.ca.gov then select: CalPERS Investments	SS#
HARTFORD 401(K) & 457 JASON HUGHES	Deferred Compensation	888-811-4839	www.hartfordlife.com	SS#
LINCOLN FINANCIAL GROUP	Long Term Disability	800-423-2765	www.jpfig.com	01-001664 SS#
CALPERS	Retirement	888-225-7377	www.CalPERS.ca.gov	
FBMC	Dependent Care, Flexible Spending Account	800-342-8017	www.myfbmc.com	SS#
CONCERN: EAP	Employee Assistance Program	800-344-4222	www.concern-eap.com	Placer

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The benefit plan information in this Employee Benefits Information and Open Enrollment Guide is meant only as a summary of benefits. This information does not fully describe your benefit coverage. For additional details on benefit coverage, please refer to the Evidence of Coverage booklet on your plan's website, or CalPERS online at www.CalPERS.ca.gov.